

## IN THE DISTRICT COURT OF DOUGLAS COUNTY, NEBRASKA

INSURED FINANCIAL SERVICES, a )  
 Nebraska Limited Liability company, )  
 Assignee, )  
 )  
 Plaintiff, ) CASE NO: CI 17-\_\_\_\_\_ )  
 vs. )  
 )  
 STATE FARM INSURANCE )  
 COMPANY, )  
 )  
 Defendant. )

**COMPLAINT AND DEMAND FOR JURY TRIAL**

For its cause of action against the Defendant, STATE FARM Insurance Company, (“STATE FARM”) the Plaintiff, Insured Financial Services, LLC (“IFS”), states and alleges as follows:

**PARTIES, JURISDICTION, AND VENUE**

1. This is an action for Breach of Contract.
2. This Court has subject matter and personal jurisdiction over the parties to this cause of action. IFS brings this complaint solely under state law and not under any federal statute, law, rule or regulation, and specifically not under the United States Constitution, nor any of its Amendments.
3. A cause of action exists under Nebraska state law for claims regarding the conduct complained of herein.
4. Jurisdiction is proper as to STATE FARM pursuant to Neb. Rev. Stat. § 25-536 because STATE FARM conducts business within the State of Nebraska.
5. At all relevant times hereto, IFS was and is a Nebraska limited liability company with its principal place of business located at Douglas County, Omaha, Nebraska 68154.

EXHIBIT

A

6. Venue is proper pursuant to Neb. Rev. Stat. § 25-503.01 because it is the venue in which the cause of action accrued.

**FACTS COMMON TO ALL COUNTS**

7. STATE FARM issued an insurance policy (“the Policy”) to the insured/assignor (“the Insured”).

8. IFS requested a certified copy of the Policy; however, STATE FARM has failed and/or refused to provide the certified Policy to IFS.

9. This action involves the following STATE FARM claim numbers:

a. STATE FARM Claim Numbers: 276V98593, 277G49790, 27873S543,  
27875B252, 27876B457, 278N94414, 278T36892, 27939R321

10. The Insured duly executed an Assignment of Insurance Claim in favor of DISASTER RESPONSE GROUP, LLC (“Assignment”). A true and accurate copy of the Assignment is attached hereto as **Exhibit “1”**, and incorporated herein by reference though fully set forth herein.

11. The Disaster Response Group, LLC duly executed an Assignment of Insurance Claim in favor of IFS (“Assignment”). A true and accurate copy of the Assignment is attached hereto as **Exhibit “2”**, and incorporated herein by reference though fully set forth herein.

12. As set forth in **Exhibit “3,”** STATE FARM was informed of the Assignment.

13. Under Nebraska law, the IFS assignment is valid.

14. Under its Policy, STATE FARM agreed to pay for direct physical loss to the insured premises resulting from any peril not otherwise excluded within the Policy.

15. The Insured premises sustained direct physical loss due to hailstorm (the “Loss”).

16. The Policy was in full force and effect at the time of the Loss.
17. The Insured and/or assignees, promptly and properly made claims to STATE FARM for insurance benefits under the Policy and fulfilled all other post-loss duties required under the Policy.
18. As assignee, IFS has satisfied all those matters and things properly required of it under the Policy, including substantial compliance with all conditions precedent thereunder, or alternatively, has been excused from performance of the same by virtue of the acts, representations, and/or conduct of STATE FARM.
19. STATE FARM's failure to fully indemnify IFS for the Loss is a breach of contract and a cause of damage to IFS.

**COUNT I: BREACH OF CONTRACT**

20. IFS reincorporates and restates allegations set forth in paragraphs 1-19 hereinabove by this reference.
21. Pursuant to the Policy, STATE FARM has a contractual obligation to pay the full amount of the Loss, including the costs to repair, restore, and/or replace the damage, less applicable deductibles.
22. STATE FARM breached the Policy by failing to pay IFS all benefits due and owing under the Policy.

WHEREFORE, Plaintiff, Insured Financial Services, LLC, respectfully requests that the Court enter judgment in favor of Plaintiff, Insured Financial Services, LLC in an amount to be determined at trial, which is likely to increase with discovery and further investigation, against Defendant, STATE FARM Insurance Company, and all general and compensatory damages owed under the Policy, pre-judgment interest and post-judgment interest, fees, costs and reasonable

attorneys' fees pursuant to Neb. Rev. Stat. § 44-359, and such other relief as the Court deems appropriate under the circumstances.

**DEMAND FOR A JURY TRIAL**

Plaintiff demands trial by jury on all issues so triable.

Insured Financial Services, LLC Plaintiff

By: s/Carrie K. Gaines

Carrie K. Gaines #26200

Telephone: (402) 682-8755

Facsimile: (888) 306-1003

[cgaines@secureclaimpayments.com](mailto:cgaines@secureclaimpayments.com)

*Attorney for Plaintiff, Insured Financial Services, LLC.*



## ASSIGNMENT OF INSURANCE CLAIM

The undersigned, hereinafter referred to as the "Client(s)", and Disaster Response Group LLC d/b/a Disaster Response Group Insurance Network, hereinafter referred to as "DRG", for and in consideration of the performance of the work pursuant to the contract executed by Client(s) and DRG, as well as any change orders executed thereafter, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby transfer, assign and set over unto DRG, all of the right, title and interest of the undersigned Client(s) in and to those certain insurance claim(s) made by Penny Steelman and Mary Gerant (Client(s) Name) designed under Claim Number 276V98593 covering loss sustained at the property known as 103 N. 54th St Omaha, NE 68132-2810 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 276V98593; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 276V98593 asserted thereunder and proceeds thereof. Client(s) understands that his/her/their/its insurance company may try to pay the insurance proceeds to the Client(s) and/or Client's mortgage lender, if any. Client(s) agrees to cooperate with DRG to have those insurance proceeds released to or made payable to DRG.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 10 day of August, 2015.

ASSIGNOR(S): (Client Name)

Disaster Response Group, LLC

Signature

Penny Steelman and Mary Gerant

Printed Name

Dated: 8/10/2015

Signature

T. Davis, Project Director

Printed Name

Dated: 8/10/2015

Signature

Penny Steelman and Mary Gerant

Printed Name

Exhibit 1



## ASSIGNMENT OF INSURANCE CLAIM

The undersigned, hereinafter referred to as the “Client(s)”, and Disaster Response Group LLC d/b/a Disaster Response Group Insurance Network, hereinafter referred to as “DRG”, for and in consideration of the performance of the work pursuant to the contract executed by Client(s) and DRG, as well as any change orders executed thereafter, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby transfer, assign and set over unto DRG, all of the right, title and interest of the undersigned Client(s) in and to those certain insurance claim(s) made by Darrin and Jennifer Bradley (Client(s) Name) designed under Claim Number 277G49790 covering loss sustained at the property known as 16392 Grebe ST Bennington, NE 68007 (address) during Client(s)’ ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 277G49790; Client(s)’ claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 277G49790 asserted thereunder and proceeds thereof. Client(s) understands that his/her/their/its insurance company may try to pay the insurance proceeds to the Client(s) and/or Client’s mortgage lender, if any. Client(s) agrees to cooperate with DRG to have those insurance proceeds released to or made payable to DRG.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 2 day of October, 2015.

ASSIGNOR(S): (Client Name)

Disaster Response Group, LLC

Signature

Darrin and Jennifer Bradley

Printed Name

Dated: 10/2/2015

Signature

Steve Shannon

Printed Name

Dated: 10/2/2015

Signature

Darrin and Jennifer Bradley

Printed Name



## ASSIGNMENT OF INSURANCE CLAIM

The undersigned, hereinafter referred to as the "Client(s)", and Disaster Response Group LLC d/b/a Disaster Response Group Insurance Network, hereinafter referred to as "DRG", for and in consideration of the performance of the work pursuant to the contract executed by Client(s) and DRG, as well as any change orders executed thereafter, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby transfer, assign and set over unto DRG, all of the right, title and interest of the undersigned Client(s) in and to those certain insurance claim(s) made by JOE & JULIE DIMINICO (Client(s) Name) designed under Claim Number 27-8735-543 covering loss sustained at the property known as 21407 APALOOSA DR ELKHORN NE 68022-1015 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 27-8735-543; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 27-8735-543 asserted thereunder and proceeds thereof. Client(s) understands that his/her/their/its insurance company may try to pay the insurance proceeds to the Client(s) and/or Client's mortgage lender, if any. Client(s) agrees to cooperate with DRG to have those insurance proceeds released to or made payable to DRG.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 13<sup>th</sup> day of JUNE, 2016.

ASSIGNOR(S): (Client Name)

Signature

Joseph DiMinico, Jr  
Printed Name

Disaster Response Group, LLC

Signature

Steve Shannon  
Printed Name

ASSIGNOR(S): (Client Name)

Signature

Julie DiMinico  
Printed Name

Dated: 6/13/16

Dated: 6-13-2016



## ASSIGNMENT OF INSURANCE CLAIM

The undersigned, hereinafter referred to as the "Client(s)", and Disaster Response Group LLC d/b/a Disaster Response Group Insurance Network, hereinafter referred to as "DRG", for and in consideration of the performance of the work pursuant to the contract executed by Client(s) and DRG, as well as any change orders executed thereafter, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby transfer, assign and set over unto DRG, all of the right, title and interest of the undersigned Client(s) in and to those certain insurance claim(s) made by Nick & Kelsi Bratt (Client(s) Name) designed under Claim Number 27875B252 covering loss sustained at the property known as 4602 N<sup>th</sup> 170<sup>th</sup> ST., OMAHA, NE 68116 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 27875B252; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 27875B252 asserted thereunder and proceeds thereof. Client(s) understands that his/her/their/its insurance company may try to pay the insurance proceeds to the Client(s) and/or Client's mortgage lender, if any. Client(s) agrees to cooperate with DRG to have those insurance proceeds released to or made payable to DRG.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 14 day of May, 2016.

ASSIGNOR(S): (Client Name)

Kelsi Bratt

Signature  
Printed Name

ASSIGNOR(S): (Client Name)

Nicholas H. Bratt

Signature  
Printed Name

Dated: 5-14-16

Disaster Response Group, LLC

Steve Shannon

Signature  
Printed Name

Dated: 5/14/16



## ASSIGNMENT OF INSURANCE CLAIM

The undersigned, hereinafter referred to as the "Client(s)", and Disaster Response Group LLC d/b/a Disaster Response Group Insurance Network, hereinafter referred to as "DRG", for and in consideration of the performance of the work pursuant to the contract executed by Client(s) and DRG, as well as any change orders executed thereafter, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby transfer, assign and set over unto DRG, all of the right, title and interest of the undersigned Client(s) in and to those certain insurance claim(s) made by Lee Terry SR. (Client(s) Name) designed under Claim Number 27876B457 covering loss sustained at the property known as 9706 Hartman Avenue, Omaha, NE 68134 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 27876B457; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 27876B457 asserted thereunder and proceeds thereof. Client(s) understands that his/her/their/its insurance company may try to pay the insurance proceeds to the Client(s) and/or Client's mortgage lender, if any. Client(s) agrees to cooperate with DRG to have those insurance proceeds released to or made payable to DRG.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 14 day of May, 2016.

ASSIGNOR(S): (Client Name)

Signature

Printed Name

ASSIGNOR(S): (Client Name)

Signature

Printed Name

Dated: 05/14/16

Disaster Response Group, LLC

Signature

Printed Name

Steve ShannonSteve ShannonDated: 05/14/16



## ASSIGNMENT OF INSURANCE CLAIM

The undersigned, hereinafter referred to as the "Client(s)", and Disaster Response Group LLC d/b/a Disaster Response Group Insurance Network, hereinafter referred to as "DRG", for and in consideration of the performance of the work pursuant to the contract executed by Client(s) and DRG, as well as any change orders executed thereafter, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby transfer, assign and set over unto DRG, all of the right, title and interest of the undersigned Client(s) in and to those certain insurance claim(s) made by Sarah Goodwin (Client(s) Name) designed under Claim Number 278T 36 892 covering loss sustained at the property known as 11412 Rambleridge Rd. (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 278T 36 892; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 278T 36 892 asserted thereunder and proceeds thereof. Client(s) understands that his/her/their/its insurance company may try to pay the insurance proceeds to the Client(s) and/or Client's mortgage lender, if any. Client(s) agrees to cooperate with DRG to have those insurance proceeds released to or made payable to DRG.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 7<sup>th</sup> day of July, 20116.

ASSIGNOR(S): (Client Name)

~~Signature~~

Sarah Gardiner

Printed Name

Disaster Response Group, LLC

~~Disaster Response Group, LLC~~  


Signature

Steve Shannon

Printed Name

ASSIGNOR(S): (Client Name)

**Signature**

---

**Printed Name**

Dated: 7/7/16

Dated: 1/1/14



## ASSIGNMENT OF INSURANCE CLAIM

The undersigned, hereinafter referred to as the "Client(s)", and Disaster Response Group LLC d/b/a Disaster Response Group Insurance Network, hereinafter referred to as "DRG", for and in consideration of the performance of the work pursuant to the contract executed by Client(s) and DRG, as well as any change orders executed thereafter, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby transfer, assign and set over unto DRG, all of the right, title and interest of the undersigned Client(s) in and to those certain insurance claim(s) made by James & Shannon Dombrowski (Client(s) Name) designed under Claim Number 27939 R 321 covering loss sustained at the property known as 3221 NTH 162nd Avenue circle, Omaha NE 68116 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 27939 R 321; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 27939 R 321 asserted thereunder and proceeds thereof. Client(s) understands that his/her/their/its insurance company may try to pay the insurance proceeds to the Client(s) and/or Client's mortgage lender, if any. Client(s) agrees to cooperate with DRG to have those insurance proceeds released to or made payable to DRG.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 8 day of August, 2016

ASSIGNOR(S): (Client Name)

Shannon Dombrowski

Signature

Shannon Dombrowski

Printed Name

ASSIGNOR(S): (Client Name)

James Dombrowski

Signature

James Dombrowski

Printed Name

Dated: 8/8/16

Disaster Response Group, LLC

Steve Shannon

Signature

Steve Shannon

Printed Name

Dated: 8/8/16

## ASSIGNMENT OF INSURANCE CLAIM



The undersigned, hereinafter referred to as the "Client(s)", and Insured Financial Services LLC, hereinafter referred to as "IFS", for good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby irrevocably transfer, assign and set over unto IFS, all of the right, title and interest previously assigned to Client(s) in and to those certain insurance claim(s) made by Penny Steelman and Mary Gerant

(Insured(s) Name) designed under

Claim Number 276V98593 covering loss sustained at the property known as  
103 N. 54th Street, Omaha, NE 68132-2810 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 276V98593; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 276V98593 asserted thereunder and proceeds thereof.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 27 day of November, 2017.

ASSIGNOR(S): (Client Name)

Steve Shannon

Signature

Insured Financial Services LLC

Steve Shannon

Signature

Steve Shannon

Printed Name

Steve Shannon

Printed Name

ASSIGNOR(S): (Client Name)

Signature

Dated: 11/27/17

Printed Name

Dated: 11/27/17

Exhibit 2

## ASSIGNMENT OF INSURANCE CLAIM



The undersigned, hereinafter referred to as the "Client(s)", and Insured Financial Services LLC, hereinafter referred to as "IFS", for good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby irrevocably transfer, assign and set over unto IFS, all of the right, title and interest previously assigned to Client(s) in and to those certain insurance claim(s) made by Darrin and Jennifer Bradley \_\_\_\_\_ (Insured(s) Name) designed under

Claim Number 277G49790 covering loss sustained at the property known as  
16392 Grebe Street, Bennington, NE 68007 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 277G49790; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 277G49790 asserted thereunder and proceeds thereof.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 28 day of November, 2017.

ASSIGNOR(S): (Client Name)

Steve Shannon

Signature

Steve Shannon

Printed Name

Insured Financial Services LLC

Steve Shannon

Signature

Steve Shannon

Printed Name

ASSIGNOR(S): (Client Name)

Dated: 11/28/2017

Signature

Printed Name

Dated: 11/28/2017

## ASSIGNMENT OF INSURANCE CLAIM



The undersigned, hereinafter referred to as the “Client(s)”, and Insured Financial Services LLC, hereinafter referred to as “IFS”, for good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby irrevocably transfer, assign and set over unto IFS, all of the right, title and interest previously assigned to Client(s) in and to those certain insurance claim(s) made by Joe and Julie Diminico \_\_\_\_\_ (Insured(s) Name) designed under

Claim Number 27873S543 covering loss sustained at the property known as  
21407 Appaloosa Drive, Elkhorn, NE 68022-1015 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 27873S543; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 27873S543 asserted thereunder and proceeds thereof.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 8 day of December, 2017.

ASSIGNOR(S): (Client Name)

Steve Shannon

Signature

Insured Financial Services LLC

Steve Shannon

Signature

Steve Shannon

Printed Name

Steve Shannon

Printed Name

ASSIGNOR(S): (Client Name)

Signature

Dated: 12/08/2017

Printed Name

Dated: 12/08/2017

## ASSIGNMENT OF INSURANCE CLAIM



The undersigned, hereinafter referred to as the “Client(s)”, and Insured Financial Services LLC, hereinafter referred to as “IFS”, for good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby irrevocably transfer, assign and set over unto IFS, all of the right, title and interest previously assigned to Client(s) in and to those certain insurance claim(s) made by Nick & Kelsi Bratt

(Insured(s) Name) designed under

Claim Number 27875B252 covering loss sustained at the property known as  
4602 N 170th St., Omaha, NE 68116 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 27875B252; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 27875B252 asserted thereunder and proceeds thereof.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 10 day of November, 2017.

ASSIGNOR(S): (Client Name)

Steve Shannon  
Signature

Steve Shannon

Printed Name

ASSIGNOR(S): (Client Name)

Signature

Printed Name

Dated: November 10, 2017

Insured Financial Services LLC

Steve Shannon  
Signature

Steve Shannon

Printed Name

Dated: November 10, 2017

## ASSIGNMENT OF INSURANCE CLAIM



The undersigned, hereinafter referred to as the “Client(s)”, and Insured Financial Services LLC, hereinafter referred to as “IFS”, for good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby irrevocably transfer, assign and set over unto IFS, all of the right, title and interest previously assigned to Client(s) in and to those certain insurance claim(s) made by Lee Terry SR.

(Insured(s) Name) designed under

Claim Number 27876B457 covering loss sustained at the property known as  
9706 Hartman Avenue, Omaha, NE 68134 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 27876B457; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 27876B457 asserted thereunder and proceeds thereof.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 27 day of November, 2017.

ASSIGNOR(S): (Client Name)

Insured Financial Services LLC

Steve Shannon

Steve Shannon

Signature

Signature

Steve Shannon

Steve Shannon

Printed Name

Printed Name

ASSIGNOR(S): (Client Name)

Dated: 11/27/17

Signature

Printed Name

Dated: 11/27/17

## ASSIGNMENT OF INSURANCE CLAIM



The undersigned, hereinafter referred to as the "Client(s)", and Insured Financial Services LLC, hereinafter referred to as "IFS", for good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby irrevocably transfer, assign and set over unto IFS, all of the right, title and interest previously assigned to Client(s) in and to those certain insurance claim(s) made by Mike & Chris Nelson (Insured(s) Name) designed under Claim Number 278N94414 covering loss sustained at the property known as 18959 Spaulding Circle, Elkhorn, NE 68022 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 278N94414; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 278N94414 asserted thereunder and proceeds thereof.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 3 day of November, 2017.

ASSIGNOR(S): (Client Name)

Steve Shannon

Signature

Steve Shannon

Printed Name

Insured Financial Services LLC

Steve Shannon

Signature

Steve Shannon

Printed Name

ASSIGNOR(S): (Client Name)

Signature

Printed Name

Dated: 11/03/17

Dated: 11/03/17

## ASSIGNMENT OF INSURANCE CLAIM



The undersigned, hereinafter referred to as the “Client(s)”, and Insured Financial Services LLC, hereinafter referred to as “IFS”, for good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby irrevocably transfer, assign and set over unto IFS, all of the right, title and interest previously assigned to Client(s) in and to those certain insurance claim(s) made by Sarah Goodwin

(Insured(s) Name) designed under

Claim Number 278T36892 covering loss sustained at the property known as  
11412 Rambleridge Road, Omaha, NE 68164-1444 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 278T36892; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 278T36892 asserted thereunder and proceeds thereof.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 06 day of December, 2017.

ASSIGNOR(S): (Client Name)

Insured Financial Services LLC

Steve Shannon

Steve Shannon

Signature

Signature

Steve Shannon

Steve Shannon

Printed Name

Printed Name

ASSIGNOR(S): (Client Name)

Dated: 12/06/2017

Signature

Printed Name

Dated: 12/06/2017

## ASSIGNMENT OF INSURANCE CLAIM



The undersigned, hereinafter referred to as the "Client(s)", and Insured Financial Services LLC, hereinafter referred to as "IFS", for good and valuable consideration, the receipt and sufficiency whereof is hereby mutually acknowledged, and intending to be legally bound, hereby irrevocably transfer, assign and set over unto IFS, all of the right, title and interest previously assigned to Client(s) in and to those certain insurance claim(s) made by James & Shannon Dombrowski (Insured(s) Name) designed under

Claim Number 27939R321 covering loss sustained at the property known as  
3221 North 162nd Avenue Circle, Omaha, NE 68116 (address) during Client(s)' ownership thereof, including but not limited to any and all insurance proceeds owed under Claim Number 27939R321; Client(s)' claim for breach of the covenant of good faith and fair dealing; and any other claims arising out of Claim Number 27939R321 asserted thereunder and proceeds thereof.

IN WITNESS WHERE OF, the undersigned have caused this transfer and assignment of insurance claim to be duly executed this 28 day of November, 2017.

ASSIGNOR(S): (Client Name)

Steve Shannon

Signature

Insured Financial Services LLC

Steve Shannon

Signature

Steve Shannon

Printed Name

Steve Shannon

Printed Name

ASSIGNOR(S): (Client Name)

Dated: 11/28/2017

Signature

Printed Name

Dated: 11/28/2017



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Insured: Steelman - Gerant  
Property: 103 N. 54th St  
Omaha, NE 68132-2810

Claim Rep.:	Daniel_Reese	Business:	(866) 787-8676
Company:	State Farm Insurance	Fax:	(844) 236-3646
Business:	PO Box 106169 Atlanta, GA 30348		

Estimator:	Insured Financial Services	Business:	(402) 682-8755
Business:	663 North 132nd St., Suite 158 Omaha, NE 68154		

Contractor:		Business:	(844) 736-3374
Company:	Disaster Response Group	E-mail:	network@senddrg.com
Business:	10547 Bondesson Circle Omaha, NE 68122		

**Claim Number:** 276V98593      **Policy Number:** 27-BM-8170-7      **Type of Loss:** Hail

Date Contacted:	8/10/2015		
Date of Loss:	7/31/2015	Date Received:	8/10/2015
Date Inspected:	8/21/2015	Date Entered:	8/13/2015

Price List:	NEOM8X_AUG15		
	Restoration/Service/Remodel		
Estimate:	276V98593_STEELM_IFS		



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Attention State Farm Claims Department,

This letter will serve to advise you that claim number 276V98593 has been assigned to Insured Financial Services LLC ("IFS") for good and valuable consideration.

In order to expedite this process, recover the benefits and fulfill our responsibilities pertaining to this claim, we are requesting that you respond to the questions listed below. To ensure that we are in compliance with the policy in effect, please provide all supporting documentation, including, but not limited to, a copy of the specific page and section of the policy in effect used to answer each question.

- 1. Is this an RCV or ACV Policy?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean the policy is RCV.
- 2. If any portion of this policy is ACV, please provide documentation outlining which portion(s) are RCV & which are ACV.** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean the policy is RCV in its entirety.
- 3. Are there any Reservation of Rights Letters attached to any portion of the insured property?** (i.e. Roof not covered at RCV due to existing conditions at policy inception) \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean there are no Reservation of Rights Letters attached to any portion of the insured property.
- 4. When do the repairs need to be completed by, in order to receive the RCV benefit for this loss?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be taken to mean the policy has no time limit to make repairs to receive the RCV benefit.
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In addition to the foregoing, please note that we reserve the right to initiate proceedings if this matter cannot be satisfactorily resolved within thirty (30) days of the date of this notice.



## Insured Financial Services LLC

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Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

We hereby direct the name Insured Financial Services LLC be imprinted on all checks or drafts as sole payee for any proceeds issued pertaining to this loss. We also ask that you do not include any mortgage company on any checks issued pertaining to this loss, unless required by law to do so. Please direct all communications, along with all checks with respect to this claim, to Insured Financial Services LLC at the address below.

Insured Financial Services LLC  
663 North 132nd Street, Suite 158  
Omaha, NE 68154  
(844)736-3374

We look forward to your reply and to working with you on this matter.

Sincerely,

Insured Financial Services LLC



## **Insured Financial Services LLC**

Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Insured: Darrin & Jennifer Bradley  
Property: 16392 Grebe St  
                  Bennington, NE 68007

Cellular: (402) 321-0247  
E-mail: jdbradley@cox.net

Claim Rep.: Joel Schoonveld  
Company: State Farm Insurance  
Business: PO Box 106169  
Atlanta, GA 30348

Estimator: Insured Financial Services Business: (402) 682-8755  
Business: 663 North 132nd St., Suite 158  
Omaha, NE 68154

Reference: Business: (866) 787-8676  
Company: State Farm Insurance  
Business: P.O. Box 106169  
Atlanta, GA 30348-6169

Contractor: Disaster Response Group  
Company: Disaster Response Group  
Business: 10547 Bondesson Circle  
Omaha, NE 68122  
Business: (844) 736-3374  
E-mail: network@senddrg.com

**Claim Number:** 277G49790

**Policy Number:** 27CW48060

#### Type of Loss: Hail

Date Contacted: 10/2/2015

Date of Loss: 9/22/2015

Date Received: 10/2/2015

Date Inspected: 10/9/2015

Date Entered: 10/12/2015

Price List: NEOM8X\_OCT15

## **Restoration/Service/Remodel**

Estimate: 277G49790-BRADLEY-IF



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Attention State Farm Claims Department,

This letter will serve to advise you that claim number 277G49790 has been assigned to Insured Financial Services LLC ("IFS") for good and valuable consideration.

In order to expedite this process, recover the benefits and fulfill our responsibilities pertaining to this claim, we are requesting that you respond to the questions listed below. To ensure that we are in compliance with the policy in effect, please provide all supporting documentation, including, but not limited to, a copy of the specific page and section of the policy in effect used to answer each question.

- 1. Is this an RCV or ACV Policy?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean the policy is RCV.
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In addition to the foregoing, please note that we reserve the right to initiate proceedings if this matter cannot be satisfactorily resolved within thirty (30) days of the date of this notice.



## **Insured Financial Services LLC**

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

We hereby direct the name Insured Financial Services LLC be imprinted on all checks or drafts as sole payee for any proceeds issued pertaining to this loss. We also ask that you do not include any mortgage company on any checks issued pertaining to this loss, unless required by law to do so. Please direct all communications, along with all checks with respect to this claim, to Insured Financial Services LLC at the address below.

Insured Financial Services LLC  
663 North 132nd Street, Suite 158  
Omaha, NE 68154  
(844)736-3374

We look forward to your reply and to working with you on this matter.

Sincerely,

Insured Financial Services LLC



## Insured Financial Services LLC

---

Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Insured: Joe & Julie Diminico  
Property: 21407 Appaloosa Dr  
Elkhorn, NE 68022

Claim Rep.: Brandon Bubeck  
Company: State Farm Insurance

Business: (844) 529-5982 x 66

Estimator: Insured Financial Services  
Business: 663 North 132nd St., Suite 158  
Omaha, NE 68154

Business: (402) 682-8755

Contractor:  
Company: Disaster Response Group  
Business: 10547 Bondesson Circle  
Omaha, NE 68122

Business: (844) 736-3374

E-mail: network@senddrg.com

**Claim Number:** 27-S-873S-543      **Policy Number:** 27BGQ0967      **Type of Loss:** Hail

Date Contacted:	6/13/2016	Date Received:	6/13/2016
Date of Loss:	5/11/2016	Date Entered:	6/15/2016
Date Inspected:	6/23/2016		

Price List: NEOM28\_MAY16  
Estimate: Restoration/Service/Remodel  
27873S543\_DIMINI\_IFS



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Attention State Farm Insurnace Company Claims Department,

This letter will serve to advise you that claim number 27-S-873S-543 has been assigned to Insured Financial Services LLC ("IFS") for good and valuable consideration.

In order to expedite this process, recover the benefits and fulfill our responsibilities pertaining to this claim, we are requesting that you respond to the questions listed below. To ensure that we are in compliance with the policy in effect, please provide all supporting documentation, including, but not limited to, a copy of the specific page and section of the policy in effect used to answer each question.

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In addition to the foregoing, please note that we reserve the right to initiate proceedings if this matter cannot be satisfactorily resolved within thirty (30) days of the date of this notice.



## Insured Financial Services LLC

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Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

We hereby direct the name Insured Financial Services LLC be imprinted on all checks or drafts as sole payee for any proceeds issued pertaining to this loss. We also ask that you do not include any mortgage company on any checks issued pertaining to this loss, unless required by law to do so. Please direct all communications, along with all checks with respect to this claim, to Insured Financial Services LLC at the address below.

Insured Financial Services LLC  
663 North 132nd Street, Suite 158  
Omaha, NE 68154  
(844)736-3374

We look forward to your reply and to working with you on this matter.

Sincerely,

Insured Financial Services LLC



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Insured: Nick & Kelsi Bratt  
Property: 4602 N 170th Street  
Omaha, NE 68116

Cellular: (402) 202-7394  
E-mail: kelsi.bratt@bankofthewest.com

Claim Rep.: Eric Manning  
Position: Independent Adjuster  
Company: State Farm Insurance

Business: (866) 787-8676 x 6293

Estimator: Insured Financial Services  
Business: 663 North 132nd St., Suite 158  
Omaha, NE 68154

Business: (402) 682-8755

Reference:  
Company: State Farm Insurance  
Business: P.O. Box 106169  
Atlanta, GA 30348-6169

Business: (866) 787-8676

Contractor:  
Company: Disaster Response Group  
Business: 10547 Bondesson Circle  
Omaha, NE 68122

Business: (844) 736-3374  
E-mail: network@senddrg.com

**Claim Number:** 27875B252

**Policy Number:** 27-CY-7038-7

**Type of Loss:** Hail

Date Contacted: 5/17/2016

Date Received: 5/17/2016

Date of Loss: 5/11/2016

Date Entered: 5/18/2016 1:56 PM

Date Inspected: 5/17/2016

Price List: NEOM8X\_JUN16  
Restoration/Service/Remodel  
Estimate: 27875B252\_BRATT-IFS



## Insured Financial Services LLC

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Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Attention State Farm Claims Department,

This letter will serve to advise you that claim number 27875B252 has been assigned to Insured Financial Services LLC ("IFS") for good and valuable consideration.

In order to expedite this process, recover the benefits and fulfill our responsibilities pertaining to this claim, we are requesting that you respond to the questions listed below. To ensure that we are in compliance with the policy in effect, please provide all supporting documentation, including, but not limited to, a copy of the specific page and section of the policy in effect used to answer each question.

- 1. Is this an RCV or ACV Policy?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean the policy is RCV.
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In addition to the foregoing, please note that we reserve the right to initiate proceedings if this matter cannot be satisfactorily resolved within thirty (30) days of the date of this notice.



## Insured Financial Services LLC

---

Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

We hereby direct the name Insured Financial Services LLC be imprinted on all checks or drafts as sole payee for any proceeds issued pertaining to this loss. We also ask that you do not include any mortgage company on any checks issued pertaining to this loss, unless required by law to do so. Please direct all communications, along with all checks with respect to this claim, to Insured Financial Services LLC at the address below.

Insured Financial Services LLC  
663 North 132nd Street, Suite 158  
Omaha, NE 68154  
(844)736-3374

We look forward to your reply and to working with you on this matter.

Sincerely,

Insured Financial Services LLC



**Insured Financial Services LLC**

Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Insured: Leland Terry  
Property: 9706 Hartman Ave  
Omaha, NE 68134

Home: (402) 689-1200  
E-mail: leeterry@centurylink.net

Claim Rep.: Jason Jang  
Company: State Farm Insurance

Business: (866) 787-8676 x 6299

Estimator: Insured Financial Services  
Business: 663 North 132nd St., Suite 158  
Omaha, NE 68154

Business: (402) 682-8755

Reference: State Farm Insurance  
Company: P.O. Box 106169  
Business: Atlanta, GA 30348-6169

Business: (866) 787-8676

Contractor: Disaster Response Group  
Company: 10547 Bondesson Circle  
Business: Omaha, NE 68122

Business: (844) 736-3374  
E-mail: network@senddrg.com

**Claim Number:** 27876B457

**Policy Number:** 277242035

**Type of Loss:** Hail

Date Contacted: 5/14/2016  
Date of Loss: 5/11/2016  
Date Inspected: 5/14/2016  
Date Est. Completed: 11/2/2017 9:13 AM

Price List: NEOM8X\_JUN16  
Estimate: 27876B457 TERRY-IFS  
Category: Restoration/Service/Remodel



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Attention State Farm Claims Department,

This letter will serve to advise you that claim number 27876B457 has been assigned to Insured Financial Services LLC ("IFS") for good and valuable consideration.

In order to expedite this process, recover the benefits and fulfill our responsibilities pertaining to this claim, we are requesting that you respond to the questions listed below. To ensure that we are in compliance with the policy in effect, please provide all supporting documentation, including, but not limited to, a copy of the specific page and section of the policy in effect used to answer each question.

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In addition to the foregoing, please note that we reserve the right to initiate proceedings if this matter cannot be satisfactorily resolved within thirty (30) days of the date of this notice.



## Insured Financial Services LLC

---

Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

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Insured Financial Services LLC  
663 North 132nd Street, Suite 158  
Omaha, NE 68154  
(844)736-3374

We look forward to your reply and to working with you on this matter.

Sincerely,

Insured Financial Services LLC



## Insured Financial Services LLC

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Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Insured: Mike & Chris Nelson                      Home: (402) 980-0938  
 Property: 18959 Spaulding Cir                      E-mail: mike.nelson@conagrafoods.com  
 Elkhorn, NE 68022

Claim Rep.: Jacquelyn Polk                      Business: (844) 529-5982  
 Company: State Farm Insurance

Estimator: Insured Financial Services              Business: (402) 682-8755  
 Business: 663 North 132nd St., Suite 158  
 Omaha, NE 68154

Contractor:                                      Business: (844) 736-3374  
 Company: Disaster Response Group              E-mail: network@senddrg.com  
 Business: 10547 Bondesson Circle  
 Omaha, NE 68122

**Claim Number:** 278N94414                      **Policy Number:** 27-BQ-B179-9                      **Type of Loss:** Hail

Date Contacted:	5/31/2016	Date Received:	5/31/2016
Date of Loss:	5/11/2016	Date Entered:	5/31/2016
Date Inspected:	6/6/2016		
Date Est. Completed:	10/17/2017 12:49 PM		

Price List:	NEOM8X_MAY16
	Restoration/Service/Remodel
Estimate:	278N94414_NELSON-IFS



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Attention State Farm Insurance Company Claims Department,

This letter will serve to advise you that claim number 278N94414 has been assigned to Insured Financial Services LLC ("IFS") for good and valuable consideration.

In order to expedite this process, recover the benefits and fulfill our responsibilities pertaining to this claim, we are requesting that you respond to the questions listed below. To ensure that we are in compliance with the policy in effect, please provide all supporting documentation, including, but not limited to, a copy of the specific page and section of the policy in effect used to answer each question.

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## **Insured Financial Services LLC**

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Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

We hereby direct the name Insured Financial Services LLC be imprinted on all checks or drafts as sole payee for any proceeds issued pertaining to this loss. We also ask that you do not include any mortgage company on any checks issued pertaining to this loss, unless required by law to do so. Please direct all communications, along with all checks with respect to this claim, to Insured Financial Services LLC at the address below.

Insured Financial Services LLC  
663 North 132nd Street, Suite 158  
Omaha, NE 68154  
(844)736-3374

We look forward to your reply and to working with you on this matter.

Sincerely,

Insured Financial Services LLC



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Insured: Sarah Goodwin  
Property: 11412 Ramble Ridge Rd  
Omaha, NE 68164

Claim Rep.: Jon P Whitton Business: (866) 787-8676 x 6322  
Company: State Farm Insurance

Estimator: Insured Financial Services Business: (402) 682-8755  
Business: 663 North 132nd St., Suite 158  
Omaha, NE 68154

Reference: Business: (866) 787-8676  
Company: State Farm Insurance  
Business: P.O. Box 106169  
Atlanta, GA 30348-6169

Contractor: Business: (844) 736-3374  
Company: Disaster Response Group E-mail: network@senddrg.com  
Business: 10547 Bondesson Circle  
Omaha, NE 68122

**Claim Number:** 278T36892      **Policy Number:** 27-BR-D189-4      **Type of Loss:** Wind and/or Hail

Date Contacted:	7/7/2016	Date Received:	7/7/2016
Date of Loss:	5/7/2016	Date Entered:	9/2/2016
Date Inspected:	7/12/2016		
Date Est. Completed:	1/17/2017 6:59 AM		

Price List:	NEOM8X_JUL16
	Restoration/Service/Remodel
Estimate:	278T36892_GOODWIN-IF



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Attention State Farm Insurnace Company Claims Department,

This letter will serve to advise you that claim number 278T36892 has been assigned to Insured Financial Services LLC ("IFS") for good and valuable consideration.

In order to expedite this process, recover the benefits and fulfill our responsibilities pertaining to this claim, we are requesting that you respond to the questions listed below. To ensure that we are in compliance with the policy in effect, please provide all supporting documentation, including, but not limited to, a copy of the specific page and section of the policy in effect used to answer each question.

- 1. Is this an RCV or ACV Policy?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean the policy is RCV.
- 2. If any portion of this policy is ACV, please provide documentation outlining which portion(s) are RCV & which are ACV.** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean the policy is RCV in its entirety.
- 3. Are there any Reservation of Rights Letters attached to any portion of the insured property?** (i.e. Roof not covered at RCV due to existing conditions at policy inception) \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean there are no Reservation of Rights Letters attached to any portion of the insured property.
- 4. When do the repairs need to be completed by, in order to receive the RCV benefit for this loss?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be taken to mean the policy has no time limit to make repairs to receive the RCV benefit.
- 5. Can we request an extension to make the necessary repairs if needed?** If so, what is the process to request an extension and filing deadlines? \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean the policy has no time limit to make repairs to receive the RCV benefit.
- 6. Are code upgrades (Ordinance and Law Endorsement) provided for this loss?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean the policy has an Ordinance and Law Endorsement.
- 7. If so, what are the limits of insurance for Ordinance and Law endorsements?** \*Failure to respond or to provide supporting documentation received within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean Ordinance of Law is subject to a limit of insurance equal to at least 10% of Coverage A limits.
- 8. Are there any prior claims that affect this loss in any way? If so, in what way?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean there are no prior claims that affect this loss in any way.
- 9. Are there any additional restrictions, exclusions (i.e. Lead, Mold, Asbestos, etc.), or requirements that we need to be made aware of in order to fulfill our responsibilities pertaining to this loss?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean there are no additional restrictions, exclusions (i.e. Lead, Mold, Asbestos, etc.), or requirements that we need to be made aware of in order to fulfill our responsibilities pertaining to this loss.

In addition to the foregoing, please note that we reserve the right to initiate proceedings if this matter cannot be satisfactorily resolved within thirty (30) days of the date of this notice.



## Insured Financial Services LLC

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Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

We hereby direct the name Insured Financial Services LLC be imprinted on all checks or drafts as sole payee for any proceeds issued pertaining to this loss. We also ask that you do not include any mortgage company on any checks issued pertaining to this loss, unless required by law to do so. Please direct all communications, along with all checks with respect to this claim, to Insured Financial Services LLC at the address below.

Insured Financial Services LLC  
663 North 132nd Street, Suite 158  
Omaha, NE 68154  
(844)736-3374

We look forward to your reply and to working with you on this matter.

Sincerely,

Insured Financial Services LLC



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Insured: James and Shannon Dombrowski  
Property: 3221 N 162nd Ave Cir  
Omaha, NE 68116

Home: (402) 493-2008  
E-mail: dombrowskijb@yahoo.com

Claim Rep.: Eric Manning  
Position: Independent Adjuster  
Company: State Farm Insurance

Business: (866) 787-8676 x 6293

Estimator: Insured Financial Services  
Business: 663 North 132nd St., Suite 158  
Omaha, NE 68154

Business: (402) 682-8755

Reference:  
Company: State Farm Insurance  
Business: P.O. Box 106169  
Atlanta, GA 30348-6169

Business: (866) 787-8676

Contractor:  
Company: Disaster Response Group  
Business: 10547 Bondesson Circle  
Omaha, NE 68122

Business: (844) 736-3374  
E-mail: network@senddrg.com

**Claim Number:** 27939R321      **Policy Number:** 27-BD-X838-4      **Type of Loss:** Wind and/or Hail

Date Contacted: 8/9/2016  
Date of Loss: 5/11/2016  
Date Inspected: 8/11/2016

Date Received: 8/9/2016  
Date Entered: 8/9/2016

Date Est. Completed: 10/5/2017 10:47 AM

Price List: NEOM8X\_JUL16  
Estimate: Restoration/Service/Remodel  
Estimate: 27939R321-DOMBRO-IFS



## Insured Financial Services LLC

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Insured Financial Servicess, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

Attention State Farm Claims Department,

This letter will serve to advise you that claim number 27939R321 has been assigned to Insured Financial Services LLC ("IFS") for good and valuable consideration.

In order to expedite this process, recover the benefits and fulfill our responsibilities pertaining to this claim, we are requesting that you respond to the questions listed below. To ensure that we are in compliance with the policy in effect, please provide all supporting documentation, including, but not limited to, a copy of the specific page and section of the policy in effect used to answer each question.

- 1. Is this an RCV or ACV Policy?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean the policy is RCV.
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- 3. Are there any Reservation of Rights Letters attached to any portion of the insured property?** (i.e. Roof not covered at RCV due to existing conditions at policy inception) \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean there are no Reservation of Rights Letters attached to any portion of the insured property.
- 4. When do the repairs need to be completed by, in order to receive the RCV benefit for this loss?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be taken to mean the policy has no time limit to make repairs to receive the RCV benefit.
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- 7. If so, what are the limits of insurance for Ordinance and Law endorsements?** \*Failure to respond or to provide supporting documentation received within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean Ordinance of Law is subject to a limit of insurance equal to at least 10% of Coverage A limits.
- 8. Are there any prior claims that affect this loss in any way? If so, in what way?** \*Failure to respond or to provide supporting documentation within 7 business days of the date of Assignment of Insurance Claim Notification will be construed to mean there are no prior claims that affect this loss in any way.
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In addition to the foregoing, please note that we reserve the right to initiate proceedings if this matter cannot be satisfactorily resolved within thirty (30) days of the date of this notice.



## Insured Financial Services LLC

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Insured Financial Services, LLC.  
663 North 132nd Street, Ste. 158  
Omaha, NE 68154  
402-682-8755

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Insured Financial Services LLC  
663 North 132nd Street, Suite 158  
Omaha, NE 68154  
(844)736-3374

We look forward to your reply and to working with you on this matter.

Sincerely,

Insured Financial Services LLC

IN THE DISTRICT COURT OF DOUGLAS COUNTY, NEBRASKA

INSURED FINANCIAL SERVICES	)	CASE NO: CI 17-_____
Assignee,	)	
	)	
Plaintiff,	)	
vs.	)	PRAECIPE FOR SUMMONS
	)	
STATE FARM INSURANCE COMPANY.	)	
	)	
Defendant.	)	

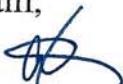
TO THE CLERK OF SAID COURT:

Please issue summons for service of the Complaint upon Defendant, by serving Defendant by certified mail, return receipt requested:

CSC- Lawyers Incorporating Service Company  
233 SOUTH 13<sup>TH</sup> STREET, SUITE 1900  
LINCOLN ,NE 68508

Dated this 20 day of December, 2017.

INUSRED FINANCIAL SERVICES, LLC  
Plaintiff,

By:   
Michael J. Leahy, #20740  
Carrie K. Gaines, #2720  
663 N. 132nd St. Suite 158  
Omaha, NE 68154  
*Attorneys for Plaintiff*